

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Hawaii Republican Party

ADDRESS (number and street) ▼

725 Kapiolani Boulevard

Suite 105

☐ Check if different than previously reported. (ACC)

Honolulu

HI

96813-6027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085506

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2015

through

M M M / D D D / Y Y Y Y Y Y
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GWEN HONJO

Signature of Treasurer

GWEN HONJO

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 13 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Hawaii Republican Party

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 06 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		72964.44
(b) Cash on Hand at Beginning of Reporting Period.....	75716.5	
(c) Total Receipts (from Line 19)	2282.71	119448.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	77999.21	192413.12
7. Total Disbursements (from Line 31)	9715.26	124129.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68283.95	68283.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Hawaii Republican Party

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

616.96

74613.81

(ii) Unitemized

719.95

32478.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1336.91

107092.48

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

1336.91

107092.48

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

387.81

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.16

20.45

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

944.64

11947.94

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

944.64

11947.94

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

2282.71

119448.68

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

1338.07

107500.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	531.36	6720.73
(ii) Non-Federal Share.....	944.64	11947.94
(b) Other Federal Operating Expenditures	8239.26	99460.5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9715.26	118129.17
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	6000
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	6000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9715.26	124129.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8770.62	112181.23

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1336.91	107092.48
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1336.91	107092.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	8770.62	106181.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	387.81
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	8770.62	105793.42

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Additional Notes With Regards to H3
Transfers_____ 6/4/2015 transfer for
\$944.64: Allocation from State to Federal_____

Form/Schedule: F3XA
Transaction ID:

Amend to correct timing difference. June Amended report filed for H4 adjustment after July report filed

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Eric HL Ching

Mailing Address 1319 Ala Alii Street

City

Honolulu

State

HI

Zip Code

96818-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer

CC Repair & Maintenance Svc

Occupation

President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2015

Transaction ID : 136786-107453-i

Amount of Each Receipt this Period

8.01

In-Kind: In Kind - Water for Office

Full Name (Last, First, Middle Initial)

B. Marcia J Klompus

Mailing Address PO Box 2119

City

Honolulu

State

HI

Zip Code

96805-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2015

Transaction ID : 110742-107463-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

C. Philip D Hellreich M.D.

Mailing Address 225 Kuuhoa Place

City

Kailua

State

HI

Zip Code

96734-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kailua Dermatology Assoc Ltd

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2015

Transaction ID : 123976-107458-c

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional)..... ►

208.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Katherine H Thomason

Mailing Address 44-166 Nanamoana Street

City State Zip Code
 Kaneohe HI 96744-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMS LLC

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2210

Date of Receipt

MM / DD / YYYY
 06 / 23 / 2015

Transaction ID : 134228-107457-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

B. Johnny M McElree

Mailing Address 69-1000 Koea Kai Circle
 Unit 7E

City State Zip Code
 Waikoloa HI 96738-6714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Century 21 All Islands

Occupation

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350

Date of Receipt

MM / DD / YYYY
 06 / 23 / 2015

Transaction ID : 30687-107459-c

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

C. Marcia S. Anderson

Mailing Address 98-500 Koauka Loop
 Apt. 9B

City State Zip Code
 Aiea HI 96701-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surface Prep & Coating Tech

Occupation

Self-employed contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.7

Date of Receipt

MM / DD / YYYY
 06 / 23 / 2015

Transaction ID : 3477-107461-c

Amount of Each Receipt this Period

8.95

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

158.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Andres E. Mukk

Mailing Address 95-1031 Kahakiki Street

City State Zip Code
 Mililani HI 96789-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Booz Allen Hamilton

Occupation

Defense Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300

Date of Receipt

MM / DD / YYYY
 06 / 24 / 2015

Transaction ID : 129167-107469-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

B. Mark A. Torreano

Mailing Address 343 Hobron Lane
 Apt. L101

City State Zip Code
 Honolulu HI 96815-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050

Date of Receipt

MM / DD / YYYY
 06 / 24 / 2015

Transaction ID : 134357-107466-c

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

C. Vincent Faggioli

Mailing Address 95-200 Anuanu Place

City State Zip Code
 Mililani HI 96789-5576

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Civilian Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600

Date of Receipt

MM / DD / YYYY
 06 / 24 / 2015

Transaction ID : 136039-107468-c

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Janice M. Hellreich

Mailing Address 225 Kuuhua Place

City

Kailua

State

HI

Zip Code

96734-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Speech Pathologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2150

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : 27743-107465-c

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

616.96

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hawaii Republican Party

Full Name (Last, First, Middle Initial)

A. Eric HL Ching

Mailing Address 1319 Ala Alii Street

City

Honolulu

State

HI

Zip Code

96818-1858

Purpose of Disbursement

Inkind: In Kind - Water for Office

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
06D D D /
03Y Y Y Y Y Y
2015**Transaction ID : SB21B136786107453i**

Amount of Each Disbursement this Period

8.01

Full Name (Last, First, Middle Initial)

B. Integrated Business Solutions Inc

Mailing Address 99-1046 Iwaena Street

City

Aiea

State

HI

Zip Code

96701-3250

Purpose of Disbursement

Copy Overage

Candidate Name

001
Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
06D D D /
04Y Y Y Y Y Y
2015**Transaction ID : SB21B136571107428e**

Amount of Each Disbursement this Period

68.82

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 01

City

Los Angeles

State

CA

Zip Code

90096-8000

Purpose of Disbursement

Merchant Services

Candidate Name

001
Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
06D D D /
05Y Y Y Y Y Y
2015**Transaction ID : SB21B104925107430e**

Amount of Each Disbursement this Period

10.91

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.74

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

State: District:

7852.18

SCHEDULE H1 (FEC Form 3X)**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

USE ONLY ONE SECTION, A or B

Transaction ID : H1

A. State and Local Party Committees**Fixed Percentage (select one)**

_____ Presidential-Only Election Year (28% Federal)

☒ _____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 19 OF 20

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Hawaii Republican Party

NAME OF ACCOUNT
Hawaii Republican Party - State

DATE OF RECEIPT

M M / D D / Y Y Y Y Y
06 / 04 / 2015

TOTAL AMOUNT TRANSFERRED

944.64

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

944.64

Transaction ID : H3A-42157-50

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

944.64

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

944.64

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 OF 20

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Hawaii Republican Party

A. Full Name (Last, First, Middle Initial) Central Pacific Bank		Transaction ID : H4-5-107429-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 135010					
City Honolulu	State HI	Zip Code 96801-5010			
Purpose of Disbursement: Mortgage				Allocated Activity or Event Year-To-Date 18668.67	
Activity or Event Identifier: 2015-2016 Administrative		Category/ Type		Date MM / DD / YYYY 06 / 01 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
531.36			944.64		1476

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
Activity or Event Identifier:		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address					
City	State	Zip Code			
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
Activity or Event Identifier:		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
531.36		944.64		1476.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
531.36		944.64		1476.00